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## BIB DATA SHEET

CONFIRMATION NO. 7810

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/GB04/03512 08/16/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 0319167.3 08/15/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 04/07/2007

|   |   |  |                               |                          |                       |                            |
|---|---|--|-------------------------------|--------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>/LISA V COOK/<br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials | STATE OR<br>COUNTRY<br>FRANCE | SHEETS<br>DRAWINGS<br>23 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
|---|---|--|-------------------------------|--------------------------|-----------------------|----------------------------|

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**TITLE**  
 DIAGNOSTIC METHOD FOR STROKE

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1330 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
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